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United Nations Population Fund

Country programme document for Lesotho

Proposed indicative UNFPA assistance:	$7.4 million: $ 3.6 million from regular resources and $ 3.8 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Seventh
Category per decision 2017/23:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.9	2.0	3.9
Outcome 3	Gender equality and women's empowerment	1.2	1.8	3.0
Programme coordination and assistance		0.5	-	0.5
Total		3.6	3.8	7.4

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I. Programme rationale

1. The population of Lesotho is estimated at 2.01 million, with 58 per cent of people living in rural areas. The annual growth rate is less than 1 per cent (0.68). Lesotho is a middle-income country with high levels of poverty and income inequality: 56 per cent of the population live below the poverty line and the country has a Gini coefficient of 52.5. Lesotho has several development challenges, exacerbated by political instability. National elections were held in 2017 for the third time in the last five years. The absence of a stable government has manifested itself in the lack of long-term vision for the country and delayed reforms, particularly in the social sectors. Lesotho, meanwhile, is experiencing a youth bulge, with young people aged 15-35 comprising 39.6 per cent of the total population. This presents an opportunity to reap the benefits of a demographic dividend if significant investments in youth are made. However, the youth development index stands at 0.282 and the national youth unemployment rate at 30.5 per cent. It is estimated that every year, hundreds of youth migrate to South Africa in search of job opportunities. Existing cultural traditions discourage boys and men from taking their share of responsibility in preventing unwanted pregnancies and the spread of sexually transmitted diseases.

2. Despite having one of the highest health sector budget allocations in the region (12 per cent), inequalities and inequities in service delivery remain a major challenge. The country has an alarmingly high maternal mortality ratio of 1,024 deaths per 100,000 live births due to limited access to and the poor quality of integrated sexual and reproductive health services and information. Even though the proportion of institutional deliveries has increased from 59 per cent in 2009 to 77 per cent in 2014, almost a third of women in rural areas still deliver at home without skilled birth assistance. Health providers have limited competencies for managing obstetric complications as per standard protocols, and pre- and in-service training on safe delivery is inadequate.

3. HIV is a major development challenge in Lesotho; a burden to the health system and the leading cause of morbidity and mortality. The HIV prevalence rate is 25 per cent among adults aged 15-49 years and new infections are estimated at 13,000 annually, disproportionately affecting women. Young women aged 20-24 years are four times (16.7 per cent) more likely to be infected than their male peers (4 per cent). In urban areas, at least 77 per cent of sex workers are HIV-positive. The drivers of new HIV infections are risky sexual behaviour, including intergenerational and transactional sex, multiple and concurrent sexual partners and early sexual debut; limited access to youth-friendly health services; gender-based violence; and poor-quality sexuality and life skills education programmes for adolescents: only 38 per cent of young men and 39 per cent of young women have a comprehensive knowledge of prevention of HIV transmission.

4. The contraceptive prevalence rate stands at 60 per cent, but is significantly lower among adolescents aged 15-19 years, with current use of implants standing at 0.3 per cent, male condom use at 13.8 per cent and female condom use at 0.1 per cent, resulting in a teenage pregnancy rate of 19 per cent. While the total demand for family planning among married women aged 15-49 years in Lesotho has increased over time, the unmet need for family planning among this group remains high (18 per cent), particularly in remote areas (21 per cent). There is an urgent need to increase demand for long-term contraceptive methods for women who cannot travel frequently to health facilities, as well as to make real-time data available to inform forecasting on commodities and improve supply chain management.

5. Gender-based violence is still a major concern in Lesotho, with a prevalence rate of 86 per cent. Intimate partner violence is the predominant form of violence, with 62 per cent of women reporting such violations. Child marriage, which stands at 24 per cent, is also an important issue. Despite the advances and commitments made by the Government of Lesotho to prevent and respond to gender-based violence, several challenges affect the implementation of policies and interventions, including low levels of awareness of women's rights; ineffective mechanisms for coordinated prevention and legal response to gender-based violence; limited integration of gender-based violence in sexual reproductive health and HIV service guidelines and standards; and limited

implementation of policies that address gender inequality. The pending 2010 recommendations of the Convention on the Elimination of All Forms of Discrimination against Women report urged the Government of Lesotho to prioritize adoption and enactment of the Domestic Violence bill; and to establish comprehensive measures to prevent and address gender-based violence and interventions that will transform gender norms.

6. Lesotho regularly experiences droughts that result in humanitarian situations. The El Niño induced droughts of 2012 and 2015 both resulted in a state of emergency. The national emergency response, however, does not adequately address sexual and reproductive health and rights, and gender-based violence in emergency situations.

7. The previous country programme contributed to the first digitized 2016 census in the region and strengthened the capacity of the Bureau of Statistics for data-collection and analysis. However, collecting timely and reliable data on reproductive health and gender-based violence indicators, particularly for marginalized groups such as youth living with disabilities and herd boys, remains a challenge. Women living with a disability are even more marginalized and face severe discrimination. UNFPA was instrumental in rolling out in-service training on adolescent-friendly health services, comprehensive sexuality education in schools and the adoption of the out-of-school comprehensive sexuality education package in several districts of Lesotho. Provision of integrated sexual and reproductive health services was introduced under the programme, although a stronger multisectoral integration of sexual gender-based violence response and mitigation services is still required.

8. The final evaluation of the country programme identified the following lessons learned: (i) mainstreaming youth as a cross-cutting component of sexual and reproductive health in the new country programme will yield greater programme results, due to the correlation between youth, HIV transmission, gender inequality and poor sexual reproductive health outcomes; (ii) promotion of behavioural change and condom demand generation interventions are equally as important as condom distribution; and (iii) disaggregated data on reproductive health and rights, and gender equality is crucial for effective policy advocacy efforts for investments in marginalized adolescents.

II. Programme priorities and partnerships

9. The proposed country programme will contribute to national priorities as outlined in the National Strategic Development Plan II (2019-2023), the Sustainable Development Goals and the United Nations Development Assistance Framework (2019-2023). It builds on the recommendations of the evaluation of the sixth country programme and is designed to address the three transformative results in the UNFPA Strategic Plan (2018-2022), ensuring that 'no one is left behind', especially people in remote areas and marginalized populations such as herd boys, young people with disabilities and adolescent girls.

10. The objective of the proposed programme is to increase access to high-quality, youth-friendly, integrated sexual and reproductive health services and rights to prevent maternal mortality, reduce new HIV infections and eliminate gender-based violence and harmful practices. The new country programme was developed in consultation with the Government of Lesotho, civil society groups, United Nations organizations and external development partners. UNFPA will build on existing partnerships, support public-private partnerships and South-South cooperation, and forge new partnerships, including with international financial institutions.

11. In line with the programme evaluation, the new programme will apply a targeted approach, both in terms of the scope of the programme and the geographical focus. At national level, the programme will primarily implement upstream policy work, dialogue and advocacy for the enactment of legislation and policies to empower young people and women. At decentralized levels, UNFPA will mobilize resources for downstream activities, which include service delivery, capacity development, awareness-raising and demand generation, particularly for building the resilience of communities and marginalized groups. To measure progress and assess results, the community-based activities will be implemented in selective districts based on needs and key performance

indicators. These interventions will, in turn, strengthen the evidence base for national policy dialogue and technical assistance.

A. Outcome 1: Sexual and reproductive health and rights

12. *Output 1: Improved government institutional capacities to develop and implement gender-responsive policies, plans and programmes that harness the demographic dividend and improve access to integrated sexual and reproductive health and rights information and services by women, adolescents and youth, including the furthest left behind.* UNFPA will support the: (a) implementation and monitoring of the Reproductive, Maternal, Child and Adolescent Health and Nutrition Strategy as part of the roll out of integrated sexual and reproductive health services; (b) strengthening of the Health Management Information System and other national monitoring and evaluation systems by integrating age and gender disaggregated indicators; (c) updating of the condom strategy with a focus on improving access for young people; (d) finalization and implementation of the revised family planning guidelines; (e) roliing out of the Logistics Management Information System and capacity development to forecast and monitor essential supplies as well as to generate real-time data and traceability of commodities; (f) advocacy for laws, policies and appropriate budget allocations for integrated sexual and reproductive health and rights, HIV prevention and sexual gender-based violence, particularly targeting key populations and disadvantaged youth; (g) provision of adolescent and youth HIV/AIDS prevention services in formal and informal settings; (h) reinforcement of development frameworks to position the demographic dividend as the basis for accelerated economic growth and sustainable development; and (i) strengthening of response mechanisms for disaster management through the integration of gender-based violence services and the minimum initial service package into the national emergency plan.

13. *Output 2: Women, adolescents and young people have improved access to gender-responsive, high-quality, integrated sexual and reproductive health services, including in humanitarian settings.* The programme will: (a) develop the national minimum package for integrated sexual reproductive health and gender-based violence services, including post-abortion care, and improve the capacity of health care workers to deliver these services to women, youth and marginalized groups, including young persons with disabilities and key populations; (b) support integrated sexual and reproductive health outreach services for key populations, adolescents and young people; (c) provide technical assistance to midwife training institutions to ensure compliance with international standards; (d) strengthen the pre-service training of nurses on adolescent-friendly health services; (e) support training of health care providers to deliver a comprehensive, modern contraceptive method mix and collect reliable data for the logistics management information system, including last mile tracking, forecasting, quantification and monitoring of sexual and reproductive health commodities; (f) implement the minimum initial services package and strengthen community awareness of available services; (g) strengthen delivery of in-school comprehensive sexuality education and roll out of out-of-school comprehensive sexuality education programmes; and (h) engage in South-South cooperation to inform the establishment of 'husband schools' to address cultural and social barriers that impede access to sexual reproductive health and rights.

B. Outcome 3: Gender equality and women's empowerment

14. *Output 3: Policy, legal and accountability frameworks are strengthened to advance gender equality and empower women and young people, especially adolescent girls, to exercise their reproductive rights and to be protected from violence and harmful practices.* UNFPA will support the: (a) drafting and enactment of the Domestic Violence Act, the Gender Equality Law and the domestication of the Southern African Development Community Model Law on Child Marriage; (b) harmonization of laws, including those on the age of consent and the definition of a 'minor'; (c) dissemination of laws that protect and promote the rights of women and girls; (d) generation of data and analysis of gender-based violence indicators; and (d) costing and implementation of the Gender and Development Policy.

15. *Output 4: Multisectoral capacity to prevent and address gender-based violence and harmful practices is improved at national and district levels.* In response to the high prevalence of gender-based violence, multisectoral efforts are needed to strengthen national capacity for comprehensive prevention and response interventions through: (a) technical assistance for provision of multisectoral services to survivors; (b) integration of gender-based violence within the health response, and in disaster policies, strategies and plans; (c) advocacy for enhanced data-collection and analysis to enable appropriate targeting; (d) strengthening gender-related statistical and research analysis (e) improving awareness and knowledge of men and boys, including herd boys, and strengthening the capacity of civil society and faith-based organizations, women and youth organizations, local leaders, parents and teachers to eliminate gender-based violence and child marriage; and (f) supporting adaptation and implementation of the essential services package for gender-based violence mitigation.

III. Programme and risk management

16. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

17. The Ministry of Development Planning and UNFPA will jointly coordinate programme planning, implementation and review. The Ministry of Health, Ministry of Gender, Youth Sports and Recreation, Ministry of Social Development, civil society organizations, and research and training institutions will be the main implementing partners and will apply results-based management and accountability principles, along with the 'harmonized approach to cash transfers'. National execution will be the preferred implementation modality.

18. The resource mobilization, partnership and communication plans will be reviewed periodically to reflect current realities and ensure accountability. Whenever feasible, joint proposals will be developed with other United Nations organizations for funding from the private sector, the Government and development partners.

19. The programme will be delivered with the support of the technical, operational and programmatic expertise of UNFPA staff at country, regional and headquarter levels. A human resources alignment exercise will be undertaken in 2018 to ensure an adequate skills mix for efficient programme delivery. The country office will avail services from the newly established UNFPA Multi-Country Middle-Income Hub for operational services and high-level socioeconomic policy advice.

20. UNFPA will regularly evaluate the operational, sociopolitical and fraud risks associated with the programme, and implement a risk mitigation plan. UNFPA, in consultation with the Government, will conduct programme criticality assessments and may re-programme interventions in response to emerging issues.

IV. Monitoring and evaluation

21. UNFPA and its partners will develop and implement a monitoring and evaluation plan, aligned with national systems and the National Strategic Development Plan II monitoring and evaluation framework to track and report programme results. The programme will implement a costed performance monitoring and evaluation plan, with quarterly reviews and a final country programme evaluation, in accordance with the UNFPA results-based management approach. With the Government and other stakeholders, the programme will embark on joint monitoring to track results, ensure transparency, and engender greater accountability and ownership.

22. UNFPA will contribute to the monitoring and evaluation of the United Nations Development Assistance Framework and will be responsible for several indicators as per the agreed matrix. UNFPA will also support and participate in the national Sustainable Development Goals monitoring frameworks, continue strengthening the national data

and monitoring and evaluation systems, including census, survey and information management systems.

RESULTS AND RESOURCES FRAMEWORK FOR LESOTHO (2019-2023)

NSDP II priority: Improving the country's productivity and innovation capacity by strengthening human capital through investments in health, education and training. **UNDAF outcome:** By 2023, all people, particularly the most vulnerable, benefit from gender-responsive social policies and programmes for the sustainable and equitable realization of their rights. **Indicator 1:** Maternal Mortality Ratio. *Baseline: 1,024/100,000; Target: 300/100,000.* **Indicator 2:** Percentage of married women aged 15 -49 with unmet need for family planning. *Baseline: 18; Target: 11.* **Indicator 3:** Number of new HIV infections (per 1,000 uninfected population) in adults aged 15-49 years (by gender). *Baseline: 17.20 for women and 11.70 for men; Target: 6.6 and 4.5 respectively.* **Indicator 4:** Gender-based violence incidents experienced by women in a lifetime. *Baseline:* 86; *Target:* 75

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health and rights Outcome indicators: • Percentage of adolescents aged 15-19 who are mothers or pregnant with their first child. *Baseline: 19; Target: 14* • Proportion of births attended by skilled health personnel. *Baseline: 77%; Target: 95%* • Contraceptive prevalence rate. Baseline: 60; Target: 80 • Percentage of women with unmet need for family planning. *Baseline: 18: Target: 11*	Output 1: Improved government institutional capacities to develop and implement gender-responsive policies, plans and programmes that prioritize the demographic dividend and access to integrated sexual and reproductive health and rights information and services by women, adolescents and youth, including the furthest left behind	• Number of gender-responsive policies, strategies and plans that integrate the sexual and reproductive health and rights of adolescents and youth, including disabled and most marginalized. *Baseline: 3; Target: 11* • Number of gender-responsive, integrated sexual and reproductive health and rights, including sexual gender-based violence, indicators incorporated in the Health Management Information System. *Baseline: 0; Target:10* • Percentage of primary health facilities that have at least five modern methods of contraception. *Baseline: 97; Target: 100* • Number of midwifery schools implementing pre-service curricula in line with international standards. *Baseline: 0; Target: 6* • Number of national plans and strategies that mainstream interventions to harness the demographic dividend. *Baseline: 0; Target: 8*	Ministry of Health; Ministry of Development Planning; Ministry of Gender and Youth, Sports and Recreation; Clinton Health Access Initiative; Jhpiego Lesotho; Lesotho Network of People Living with HIV and AIDS; Gender Links Lesotho; United Nations organizations; Lesotho College of Education; Lesotho Network of AIDS Services Organizations; National University of Lesotho; CARE Basotho; Population International Services	$ 2.3 million ($ 1.1 million from regular resources and $ 1.2 million from other sources)
	Output 2: Women, adolescents and young people have improved access to gender-responsive, high-quality, integrated sexual and reproductive health services, including in humanitarian settings	• Percentage of health facilities providing gender-responsive and adolescent and disability-friendly, integrated sexual and reproductive health and gender-based violence services in UNFPA priority districts. *Baseline:* 0: *Target:* 100 • A functional electronic logistics management information system for forecasting, quantification, monitoring and tracing of health commodities to the last mile, operational in all ten districts. *Baseline: No; Target: Yes* • Number of identified most marginalized adolescents who successfully completed comprehensive sexuality education and life skills programmes in UNFPA priority districts, disaggregated by sex. *Baseline: 0 for girls and boys; Target: 10,000 and 7,000.* • Percentage of women and men aged 15-24 years with comprehensive knowledge of HIV. *Baseline: 38 for women and 31 for men; Target: 55 and 50*		$ 1.6 million ($ 0.8 million from regular resources and $ 0.8 million from other sources)

Outcome 3: Gender equality and women's empowerment Outcome indicator: • Percentage of women and men aged 15-49 years who agree that a husband is justified in beating his wife under certain circumstances. *Baseline*: 33 for women and 40 men: *Target*: 28 and 35 respectively. • Percentage of women aged 20-24 years who were married or in union before age 18. *Baseline:* 19; *Target:* 13	Output 3: Policy, legal and accountability frameworks are strengthened to advance gender equality and empower women and young people, especially adolescent girls, to exercise their reproductive rights and to be protected from violence and harmful practices.	Number of national policies, strategies and plans integrating gender-based violence prevention, protection and response interventions. *Baseline: 2; Target: 4*	Ministry of Law and Constitutional Affairs; Ministry of Gender and Youth, Sports and Recreation; Ministry of Social Development; Ministry of Health; Ministry of Development Planning; Women and Law in Southern Africa; Gender Links; Lesotho Network of People Living with HIV and AIDS; United Nations organizations; GIZ; Lesotho Network of AIDS Services Organizations; CARE Basotho	$ 1.2 million ($ 0.5 million from regular resources and $ 0.7 million from other sources)
	Output 4: Multisectoral capacity to prevent and address gender-based violence and harmful practices is improved at national and district levels.	• Essential services package for gender-based violence response adapted and implemented in UNFPA priority districts. *Baseline: No; Target: Yes* • Number of identified sexual gender-based violence survivors aged 15-24 years in UNFPA priority districts who received essential services. *Baseline: 0; Target: 1,000* • Number of parents/guardians and teachers with comprehensive knowledge and information to eliminate child marriage in UNFPA priority districts. *Baseline: 0; Target: 3,000*		$ 1.8 million ($ 0.7 million from regular resources and $1.1 million from other sources)